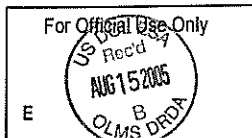


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8419</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Donald</u> <u>E</u> <u>Eliason</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>106 Memorial Parkway</u> City <u>Utica</u> State <u>New York</u> ZIP Code + 4 <u>13501-4887</u>	4. Name, file number, and address of labor organization. Name <u>UFCW District Union Local One</u> Labor Organization File Number <u>026854</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>106 Memorial Parkway</u> City <u>Utica</u> State <u>New York</u> ZIP Code + 4 <u>13501-4887</u>
5. Position in labor organization. <u>Area Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>7/8/2005</u> <u>315-797-9600</u> Date Telephone Number

Name of Person Filing Donald Eliason	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Novak Francella, L.L.C.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>11 Pennsylvania Plaza, Suite 920</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10001</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Ufcw Local One Health Care and Pension Funds</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>106 Memorial Parkway</u></p> <p>City <u>Utica</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13501-4887</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provide Accounting Services</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$60,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Dinner at Stripe's Restaurant, Hilton Head, S.C. on 4/26/2004</u></p> <p>12.b. Amount. <u>\$140</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing Donald Eliason	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="HGK Assett Management"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="525 Washington Blvd"/></p> <p>City <input style="width: 80%;" type="text" value="Jersey City"/></p> <p>State <input style="width: 20%;" type="text" value="New Jersey"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="07310"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="UFCW Local One Health Care and Pension Funds"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="106 Memorial Parkway"/></p> <p>City <input style="width: 80%;" type="text" value="Utica"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="13501-4887"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; padding: 5px;">Provides Investment Services</div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; padding: 5px;">Golf at Hilton Head National C.C. Hilton Head, S.C. on 4/28/2004</div> <p>12.b. Amount. <input style="width: 80%;" type="text"/> \$125</p>

Name of Person Filing Donald Eliason

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Investment Performances Services, Inc.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>7402 Hodgson Memorial Drive</u></p> <p>City <u>Savannah</u></p> <p>State <u>Georgia</u> ZIP Code + 4 <u>31406</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>UFCW Local One Health Care and Pension Funds</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>106 Memorial Parkway</u></p> <p>City <u>Utica</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13501-4887</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides financial consulting services</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$60,000</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Golf at Otesega C.C. Cooperstown, New York 8/19/2004</u></p> <p>12.b. Amount. <u>\$90</u></p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UFCW Local one Health Care and Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>106 Memorial Parkway</u></p> <p>City <u>Utica</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13501</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Local One benefits funds</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>106 Memorial Parkway</u></p> <p>City <u>Utica</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13501</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Administer Health Care and Pension Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Trustee mtgs/EPIC conference 4/28-5/1/04</u></p> <p>12.b. Amount. <u>\$3,578</u></p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="UFCW Local One Health Care and Pension Fund"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="106 Memorial Parkway"/></p> <p>City <input style="width: 80%;" type="text" value="Utica"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="13501"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Loacal One Benefits Fund"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="106 Memorial Parkway"/></p> <p>City <input style="width: 80%;" type="text" value="Utica"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="13501"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; padding: 5px;">Administer Health Care and Pension Fund</div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; padding: 5px;">Trustee Mtg. 8/19-8/20/04</div> <p>12.b. Amount. <input style="width: 80%;" type="text"/> \$613</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UFCW Local One Health Care and Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>106 Memorial Parkway</u></p> <p>City <u>Utica</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13501</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Loca One Benefits Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>106 Memorial Parkway</u></p> <p>City <u>Utica</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13501</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Administer Health Care and Pension Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Trustee Mtg. 11/4/04</u></p> <p>12.b. Amount. <u>\$171</u></p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UFCW Local One Health Care and Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>106 Memorial Parkway</u></p> <p>City <u>Utica</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13501</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Local One Benefits Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>106 Memorial Parkway</u></p> <p>City <u>Utica</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13501</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Administer Health Care and Pension Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>IFEBP Conference 11/30-12/5/04</u></p> <p>12.b. Amount. <u>\$2,705</u></p>